

Basic Filing Fee								\$	740
Multiple Dependent Claim Fee (\$ 280)								\$	
Foreign Language Surcharge (\$ 900)								\$	
	For	Number Filed		Number Extra		Rate			
Extra Claims	Total Claims	18	-20	0	x	\$	18	= \$	
	Independent Claims	3	-3	0	x	\$	84	= \$	
TOTAL FILING FEE								\$	740

- ☒ Please charge Deposit Account No. 19-0134 in the name of Novartis Corporation in the amount of \$740. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis Corporation.

Please address all correspondence to the address associated with Customer No. 001095, which is currently:

Thomas Hoxie
Novartis Corporation
Patent and Trademark Dept.
564 Morris Avenue
Summit, NJ 07901-1027

Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (908) 522-6955.

Respectfully submitted,



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Date: December 19, 3001